



Memorial Sloan Kettering  
Cancer Center

PATIENT & CAREGIVER EDUCATION

# About Your Bilateral Salpingo-Oophorectomy

This guide will help you get ready for your bilateral salpingo-oophorectomy (sal-PIN-goh-oh-oh-foh-REK-toh-mee) at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

## Your healthcare team

Doctor: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Emergency information

At night (from 5:00 PM to 9:00 AM), on weekends, and on holidays, call 212-639-2000 and ask for your surgeon.

MSK's Urgent Care Center (UCC) is located at 425 East 67<sup>th</sup> Street (between First and York Avenues), New York, NY 10065.

## Your caregiver

It's important to choose a person to be your caregiver. They'll learn about your surgery with you and help you care for yourself while you're recovering after surgery. Write down your caregiver's name below.

Caregiver: \_\_\_\_\_



To view this guide online, visit  
[www.mskcc.org/pe/bilateral\\_salpingo\\_oophorectomy](http://www.mskcc.org/pe/bilateral_salpingo_oophorectomy)

# Table of contents

<b>About Your Surgery.....</b>	<b>3</b>
About your reproductive system.....	3
About your bilateral salpingo-oophorectomy.....	3
Laparoscopic or robotic-assisted laparoscopic bilateral salpingo-oophorectomy.....	4
Dilation and curettage (D&C) .....	4
<b>Before Your Surgery.....</b>	<b>5</b>
Getting ready for your surgery.....	6
Within 30 days of your surgery.....	8
7 days before your surgery .....	10
2 days before your surgery.....	10
1 day before your surgery.....	10
<b>After Your Surgery.....</b>	<b>17</b>
In the Post-Anesthesia Care Unit (PACU) or recovery room.....	18
Commonly asked questions: During your hospital stay.....	18
Commonly asked questions: At home .....	19
When to call your healthcare provider.....	24
<b>Support Services.....</b>	<b>25</b>
MSK support services .....	26
External support services .....	28
<b>Educational Resources.....</b>	<b>29</b>
<i>How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil</i>	
<i>Herbal Remedies and Cancer Treatment</i>	
<i>How to Use Your Incentive Spirometer</i>	

# About Your Surgery

## About your reproductive system

Your reproductive system is in your lower abdomen (belly). It includes your:

- Ovaries
- Fallopian tubes
- Uterus
- Cervix
- Vagina

Your uterus is between your bladder and rectum. The lower narrow end of your uterus is called the cervix. Your fallopian tubes and ovaries are attached to your uterus.

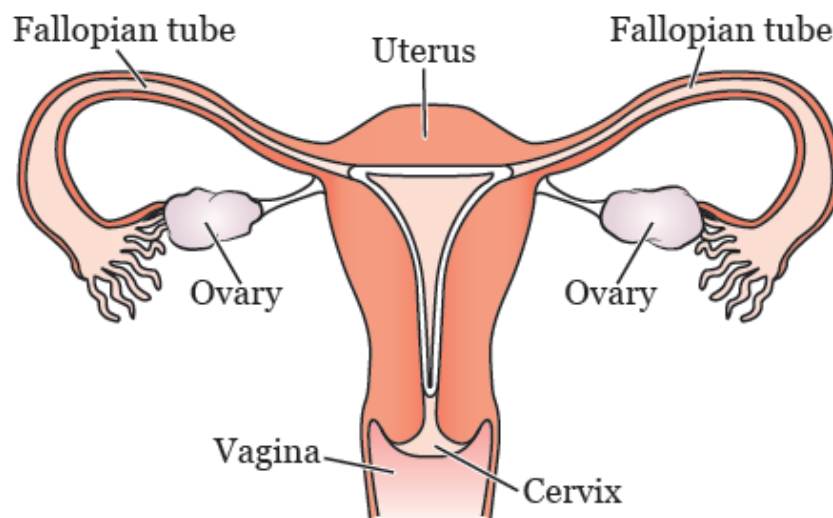


Figure 1. The female reproductive system

## About your bilateral salpingo-oophorectomy

A bilateral salpingo-oophorectomy is a surgery to remove both of your fallopian tubes and both of your ovaries. You may be having this surgery because of an ovarian cyst or a high risk of ovarian cancer. Your healthcare provider will talk with you about why you're having it.

After your surgery, you'll stop menstruating (getting your period). You may have normal symptoms of menopause, including night sweats, hot flashes, and vaginal dryness. If you're in menopause or have already gone through it, you may still notice some of these symptoms. Talk with your healthcare provider about ways to manage them.

You'll also be infertile (unable to have biological children) after your surgery. If you'd like to have biological children in the future, ask your healthcare provider for a referral to a fertility nurse specialist. For more information, read *Fertility Preservation Before*

*Cancer Treatment: Options for People Born with Ovaries and a Uterus.* You can find it online at [www.mskcc.org/pe/fertility\\_starting\\_treatment](http://www.mskcc.org/pe/fertility_starting_treatment) or ask your healthcare provider for a copy.

The surgery you're having is called a:

- ☐ Laparoscopic bilateral salpingo-oophorectomy
- ☐ Robotic-assisted laparoscopic bilateral salpingo-oophorectomy
- ☐ Dilation and curettage

## Laparoscopic or robotic-assisted laparoscopic bilateral salpingo-oophorectomy

You'll have either a laparoscopic salpingo-oophorectomy or a robotic-assisted laparoscopic salpingo-oophorectomy.

In both types of salpingo-oophorectomies, your surgeon will make a small incision (surgical cut) on your abdomen. Gas (carbon dioxide) will be pumped into your abdomen to create space. This will give your surgeon more room to do your surgery.

Next, your surgeon will make several other small incisions on your abdomen. They'll place a long, thin video camera and surgical tools through these incisions. One end will be in your abdomen and the other end will be outside your body.

If you're having a laparoscopic surgery, your healthcare provider will use their hands to control the video camera and surgical tools. If you're having a robotic-assisted laparoscopic surgery, your surgeon will use a robot to control the camera and tools.

Your surgeon will remove your ovaries through one of the small incisions, if possible. If your ovaries are too big to fit through the opening, your surgeon will make one of the incisions larger so your ovaries will fit through.

## Dilation and curettage (D&C)

You may have a dilation and curettage (D&C) after your salpingo-oophorectomy. This procedure lets your surgeon check for abnormal cells in your uterus.

During your D&C, your cervix will be dilated (opened) slightly. Your surgeon will put a tool called a curette through your cervix into your uterus. They'll use the curette to remove a small amount of tissue from the inside of your uterus.

Your surgeon may also want to look at the tissue lining the inside of your uterus to see if anything looks abnormal. This is called a hysteroscopy. During a hysteroscopy, your surgeon will put a long, thin video camera through your cervix into your uterus to examine the area.

## Before Your Surgery

The information in this section will help you get ready for your surgery. Read this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Getting ready for your surgery

You and your healthcare team will work together to get ready for your surgery.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- |  |  |
|--|--|
| <input type="checkbox"/> I take a blood thinner, such as: <ul style="list-style-type: none"><li>○ Aspirin</li><li>○ Heparin</li><li>○ Warfarin (Jantoven® or Coumadin®)</li><li>○ Clopidogrel (Plavix®)</li><li>○ Enoxaparin (Lovenox®)</li><li>○ Dabigatran (Pradaxa®)</li><li>○ Apixaban (Eliquis®)</li><li>○ Rivaroxaban (Xarelto®)</li></ul> | <input type="checkbox"/> I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.         |
|  | <input type="checkbox"/> I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device. |
|  | <input type="checkbox"/> I have sleep apnea.   |
|  | <input type="checkbox"/> I've had a problem with anesthesia (medication to make me sleep during surgery) in the past.        |
| <p>There are others, so be sure your healthcare provider knows all the medications you're taking.</p>  | <input type="checkbox"/> I'm allergic to certain medication(s) or materials, including latex.                                |
| <input type="checkbox"/> I take prescription medications (medications my healthcare provider prescribes), including patches and creams.  | <input type="checkbox"/> I'm not willing to receive a blood transfusion.   |
| <input type="checkbox"/> I take over-the-counter medications (medications I buy without a prescription), including patches and creams.   | <input type="checkbox"/> I drink alcohol.  |
|  | <input type="checkbox"/> I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).            |
|  | <input type="checkbox"/> I use recreational drugs.   |

## About drinking alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

## **About smoking**

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

## **About sleep apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

## **Using MyMSK**

MyMSK ([my.mskcc.org](http://my.mskcc.org)) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don't have a MyMSK account, you can visit [my.mskcc.org](http://my.mskcc.org), call 646-227-2593, or call your doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* ([www.mskcc.org/pe/enroll\\_mymsk](http://www.mskcc.org/pe/enroll_mymsk)). For help, contact the MyMSK Help Desk by emailing [mymsk@mskcc.org](mailto:mymsk@mskcc.org) or calling 800-248-0593.

## Within 30 days of your surgery

### Presurgical Testing (PST)

Before your surgery, you'll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your appointment.

During your PST appointment, you'll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's helpful to bring the following things to your PST appointment:

- ☐ A list of all the medications you're taking, including prescription and over-the-counter medications, patches, and creams.
- ☐ Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- ☐ The name(s) and telephone number(s) of your healthcare provider(s).

### Identify your caregiver

Your caregiver has an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged. They'll also help you care for yourself at home.



#### For caregivers

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit [www.msk.org/caregivers](http://www.msk.org/caregivers) or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at [www.msk.org/pe/guide\\_caregivers](http://www.msk.org/pe/guide_caregivers)



## **Fill out a Health Care Proxy form**

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you cannot communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for Cancer Patients and Their Loved Ones*. You can find it at [www.msk.org/pe/advance\\_care\\_planning](http://www.msk.org/pe/advance_care_planning) or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at [www.msk.org/pe/health\\_care\\_agent](http://www.msk.org/pe/health_care_agent) or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

## **Do breathing and coughing exercises**

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read the resource *How to Use Your Incentive Spirometer*. You can find it in the “Educational Resources” section of this guide.

## **Exercise**

Try to do aerobic exercise every day. Aerobic exercise is any exercise that makes your heart beat faster, such as walking, swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

## **Follow a healthy diet**

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

## **Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser (such as Hibiclens®)**

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.

## 7 days before your surgery

### **Follow your healthcare provider's instructions for taking aspirin**

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational resources” section of this guide.

### **Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements**

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the “Educational resources” section of this guide.

## 2 days before your surgery

### **Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)**

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational resources” section of this guide.

## 1 day before your surgery

### **Note the time of your surgery**

A staff member from the Admitting Office will call you after 2 PM the day before your surgery. If your surgery is scheduled for a Monday, they'll call you on the Friday before. If you don't get a call by 7 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. They'll also remind you where to go.

### **Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)**

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don't put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

## Instructions for eating and drinking: 8 hours before your arrival time



- Stop eating 8 hours before your arrival time, if you have not already.
  - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- 8 hours before your arrival time, do not eat or drink anything except these clear liquids:
  - Water.
  - Soda.
  - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
  - Black coffee or tea (without any type of milk or creamer).
  - Sports drinks, such as Gatorade®.
  - ClearFast CF(Preop)® or Ensure® Pre-Surgery clear carbohydrate drink.
  - Gelatin, such as Jell-O®.

You can keep having these until 2 hours before your arrival time. You can keep having these until 2 hours before your arrival time.

## The day of your surgery

Remember, starting 8 hours before your arrival time, do not eat or drink anything except the things listed earlier.

## Instructions for drinking before your surgery



Stop drinking 2 hours before your arrival time. This includes water.

## Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

## **Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)**

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

## **Things to remember**

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

## **What to bring**

- ☐ Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- ☐ Your incentive spirometer, if you have one.
- ☐ Your Health Care Proxy form and other advance directives, if you completed them.
- ☐ Your cell phone and charger.
- ☐ Only the money you may want for small purchases (such as a newspaper).
- ☐ A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- ☐ This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

## **Once you're in the hospital**

You'll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

When it's time to change for surgery, you'll get a hospital gown, robe, and nonskid socks to wear.

## **Meet with a nurse**

You'll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn't place the IV, your anesthesiologist will do it in the operating room.

## **Meet with an anesthesiologist**

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give you pain medication after your surgery.

## **Get ready for your surgery**

When it's time for your surgery, you'll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You'll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're comfortable, your anesthesiologist will give you anesthesia through your IV line and you'll fall asleep. You'll also get fluids through your IV line during and after your surgery.

## **During your surgery**

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) or

Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

Your breathing tube is usually taken out while you're still in the operating room.

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## In the Post-Anesthesia Care Unit (PACU) or recovery room

When you wake up after your surgery, you'll be in the PACU or your recovery room. A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You'll also have compression boots on your lower legs.

Depending on the type of surgery you had, you may stay in the PACU overnight. After your stay in the PACU, a staff member will take you to your hospital room. Soon after you arrive in your room, a staff member will help you out of bed and into a chair.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You'll be encouraged to walk with the help of your nurse or physical therapist. We'll give you medication to relieve pain. Walking helps lower your risk for blood clots and pneumonia. It also helps stimulate your bowels so they start working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.

## Commonly asked questions: During your hospital stay

### **Will I have pain after my surgery?**

You may have some pain after your surgery, especially in the first few days. Your healthcare providers will ask you about your pain often and give you medication to manage your pain as needed. If your pain isn't any better, tell one of your healthcare providers. It's important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

### **What side effects can I expect after my surgery?**

It's common to have some discomfort in your abdomen and shoulders after surgery. This is from the air that was pumped into your abdomen during surgery. Your discomfort should go away after a few days. Walking around can help with this. You should also drink 8 (8-ounce) glasses (2 liters) of liquids a day and make sure to take the stool softeners you received to prevent constipation.

You may also have normal symptoms of menopause, such as night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms.

### **What side effects can I expect after my D&C?**

If you also had a D&C, you may have some vaginal spotting or light bleeding. Wear a pad or panty liner. Don't use tampons or place anything in your vagina until your healthcare provider says it's OK. Don't have sexual intercourse (sex) until your healthcare provider says it's OK. If you're having heavy bleeding, such as bleeding through a pad every 1 to 2 hours, call your healthcare provider right away.

### **Will I be able to eat?**

Yes, you'll be able to eat a regular diet as tolerated. Start with foods that are soft and easy to digest, such as apple sauce and chicken noodle soup. Eat small meals frequently, then advance to regular foods.

If you have bloating, gas, or cramps, limit high-fiber foods such as whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

## **Commonly asked questions: At home**

### **What's the Recovery Tracker?**

We want to know how you're feeling after you leave the hospital. To help us continue caring for you, we'll send a group of questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you or ask you to call your surgeon's office to give us more information. You can always contact your surgeon's office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it online at [www.mskcc.org/pe/recovery\\_tracker](http://www.mskcc.org/pe/recovery_tracker) or ask your healthcare provider for a copy.

### **Will I have pain when I am home?**

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.

- Call your healthcare provider if the medication prescribed for you doesn't ease your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you'll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
  - Follow your healthcare provider's instructions for stopping your prescription pain medication.
  - Don't take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you're taking, especially if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don't take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

## **How can I prevent constipation?**

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can.
  - Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes.

- Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet. Foods high in fiber include:
  - Bran
  - Whole-grain cereals and breads
  - Unpeeled fruits and vegetables
  - Mixed green salads
  - Apricots, figs, and raisins
- Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medications for constipation include:
  - Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don't take it with mineral oil.
  - Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
  - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.

For more information, read the resource *Constipation*. You can find it online at [www.mskcc.org/pe/constipation](http://www.mskcc.org/pe/constipation) or ask your healthcare provider for a copy.

## Can I shower?

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease muscle aches. If you have a square white bandage (Primapore® bandage) over your incision, take it off when you shower.

When you shower, use soap to gently wash your incision. Pat the areas dry with a towel after showering. Leave your incision uncovered unless there's drainage. If you have drainage, place a new bandage over your incision. Call your healthcare provider if you see any redness or drainage from your incision.

Don't take tub baths until you discuss it with your healthcare provider at your first appointment after surgery.

### **How do I care for my incisions?**

You'll have several small incisions on your abdomen. The incisions will be closed with Steri-Strips or Dermabond. You may also have square white Primapore bandages on your incisions. You can remove these in the shower 24 hours after your surgery. You should clean your incisions with soap and water.

If any fluid is draining from your incisions, write down the amount and color. Call your healthcare provider's office and tell the nurse about any drainage from your incision.

If you go home with Steri-Strips on your incisions, they'll loosen and fall off by themselves. If you go home with Dermabond on your incision, it will also loosen and peel off by itself. If the Steri-Strips and Dermabond haven't fallen off within 10 days, you can remove them.

### **When can I resume sexual activity?**

Your healthcare provider will tell you when you can resume sexual activity during your first follow-up visit after surgery. Don't put anything in your vagina or have vaginal sex until your healthcare provider says it's OK.

### **When is it safe for me to drive?**

You can start driving again 2 weeks after surgery, as long as you aren't taking pain medication that may make you drowsy.

### **What exercises can I do?**

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

Ask your healthcare provider before starting more demanding exercises.

### **Will I be able to travel?**

Yes, you can travel. If you're traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

## **When can I return to work?**

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about 2 to 4 weeks after the surgery.

## **When can I lift heavy objects?**

Ask your healthcare provider when it's safe for you to lift heavy objects after your surgery. Normally, you shouldn't lift anything heavier than 5 to 10 pounds (2.3 to 4.5 kilograms) for at least 4 weeks after your surgery.

## **When is my first appointment after my surgery?**

Your first appointment after surgery will be in 2 to 4 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

## **How can I cope with my feelings?**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

You may also find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you're able to speak with former patients and caregivers. For more information, call 212-639-5007.

## When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have shortness of breath.
- You have pain that doesn't get better with pain medication.
- The area around your incision is getting more red.
- The area around your incision is starting to swell or the swelling around your incision is getting worse.
- You have discharge from your incision.
- You have heavy vaginal bleeding.
- Your calves or thighs are swollen or tender.
- You cough up blood.
- You don't have a bowel movement for 2 days.
- You have nausea or vomiting.
- You have diarrhea (loose or watery bowel movements).
- You have any questions or concerns.

### Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.



## Support Services

This section has a list of support services that may help you get ready for your surgery and recover safely.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MSK support services

## **Admitting Office**

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

## **Anesthesia**

212-639-6840

Call if you have questions about anesthesia.

## **Blood Donor Room**

212-639-7643

Call for more information if you're interested in donating blood or platelets.

## **Bobst International Center**

888-675-7722

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

## **Chaplaincy Service**

212-639-5982

At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

## **Counseling Center**

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

## **Female Sexual Medicine and Women's Health Program**

646-888-5076

Cancer and cancer treatments can have an impact on your sexual health. Our Female Sexual Medicine and Women's Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information or to make an appointment, call the number above.

## **Food Pantry Program**

646-888-8055

The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

**Integrative Medicine Service**

646-888-0800

Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**MSK Library**

[library.mskcc.org](http://library.mskcc.org)

212-639-7439

You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK's library website at [libguides.mskcc.org](http://libguides.mskcc.org)

**Patient and Caregiver Education**

[www.mskcc.org/pe](http://www.mskcc.org/pe)

Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

**Patient and Caregiver Peer Support Program**

212-639-5007

You may find it comforting to speak with someone who has been through a treatment similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

**Patient Billing**

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

**Patient Representative Office**

212-639-7202

Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

**Perioperative Nurse Liaison**

212-639-5935

Call if you have questions about MSK releasing any information while you're having surgery.

**Private Duty Nursing Office**

212-639-6892

You may request private nurses or companions. Call for more information.

**Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including

seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

### **Social Work**

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

### **Tobacco Treatment Program**

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for more information.

### **Virtual Programs**

[www.mskcc.org/vp](http://www.mskcc.org/vp)

MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can't come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you're interested in joining a Virtual Program, visit our website at [www.mskcc.org/vp](http://www.mskcc.org/vp) for more information.

For more online information, visit the Cancer Types section of [www.mskcc.org](http://www.mskcc.org)

## **External support services**

There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

Visit [www.mskcc.org/pe/external\\_support\\_services](http://www.mskcc.org/pe/external_support_services) for a list of these support services. You can also talk with an MSK social worker by calling 212-639-7020.

## Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## PATIENT & CAREGIVER EDUCATION

# How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* ([www.mskcc.org/pe/herbal\\_remedies](http://www.mskcc.org/pe/herbal_remedies)) to learn more.

**Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking.** This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

# What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

## How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

### Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the “Drug Facts” label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.

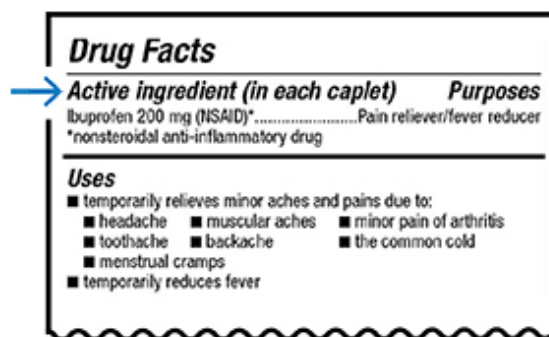


Figure 1. Active ingredients on an over-the-counter medicine label



## Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

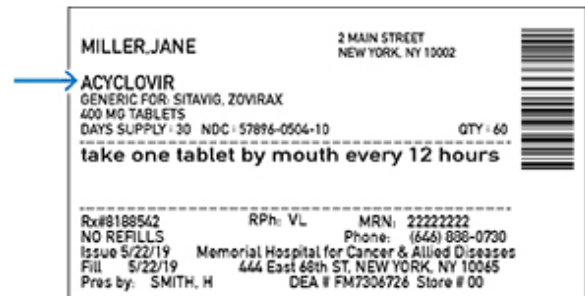


Figure 2. Active ingredients on a prescription medicine label

## Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B <sub>6</sub> (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B <sub>12</sub> (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

## Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
<ul style="list-style-type: none"><li>• Acetylsalicylic acid</li><li>• Alpha-linolenic acid (ALA)</li><li>• Aspirin</li><li>• Acetaminophen*</li><li>• Celecoxib</li><li>• Diclofenac</li><li>• Diflunisal</li><li>• Docosahexaenoic acid (DHA)</li><li>• Eicosapentaenoic acid (EPA)</li></ul>	<ul style="list-style-type: none"><li>• Etodolac</li><li>• Fish oil</li><li>• Fenoprofen Flurbiprofen</li><li>• Ibuprofen</li><li>• Indomethacin</li><li>• Ketoprofen</li><li>• Ketorolac</li><li>• Meclofenamate</li><li>• Mefenamic acid</li><li>• Meloxicam</li></ul>	<ul style="list-style-type: none"><li>• Nabumetone</li><li>• Naproxen</li><li>• Omega-3 fatty acids</li><li>• Omega-6 fatty acids</li><li>• Oxaprozin</li><li>• Piroxicam</li><li>• Sulindac</li><li>• Tolmetin</li><li>• Vitamin E</li></ul>

\* The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

Common abbreviations for acetaminophen		
<ul style="list-style-type: none"><li>• APAP</li><li>• Acetamin</li></ul>	<ul style="list-style-type: none"><li>• AC</li><li>• Acetam</li></ul>	<ul style="list-style-type: none"><li>• Acetaminop</li><li>• Acetaminoph</li></ul>

## About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It's possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

## Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment.

### Before your surgery

Follow these instructions if you're having surgery or a surgical procedure. **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

## Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

## Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023

All rights owned and reserved by Memorial Sloan Kettering Cancer Center

---

PATIENT & CAREGIVER EDUCATION

# Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your treatment.

## About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit [www.aboutherbbs.com](http://www.aboutherbbs.com) or call MSK's Integrative Medicine Service at 646-608-8550.

## **Stop taking herbal remedies before your treatment**

**Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:**

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

## **Common Herbal Remedies and Their Effects**

These are some commonly used herbs and their side effects on cancer treatments.

### **Echinacea (EH-kih-NAY-shuh)**

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

## **Garlic**

- Can lower your blood pressure and cholesterol levels.
- Can increase your risk of bleeding.

## **Ginkgo (also known as Ginkgo biloba)**

- Can increase your risk of bleeding.

## **Ginseng (JIN-seng)**

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

## **Turmeric (TER-mayr-ik)**

- Can keep chemotherapy from working as well as it should.

## **St. John's Wort**

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

## **Valerian (vuh-LEER-ee-un)**

- Can make sedation or general anesthesia affect you more than they should.

## **Herbal formulas**

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

## Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit [www.mskcc.org/IntegrativeMedicine](http://www.mskcc.org/IntegrativeMedicine) or read *Integrative Medicine Therapies and Your Cancer Treatment* ([www.mskcc.org/pe/integrative\\_therapies](http://www.mskcc.org/pe/integrative_therapies)).

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

---

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022

All rights owned and reserved by Memorial Sloan Kettering Cancer Center





## PATIENT & CAREGIVER EDUCATION

# How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

## About your incentive spirometer

After your surgery you may feel weak and sore, and it may be uncomfortable to take deep breaths. Your healthcare provider may recommend using a device called an incentive spirometer (see Figure 1). It helps you practice taking deep breaths.

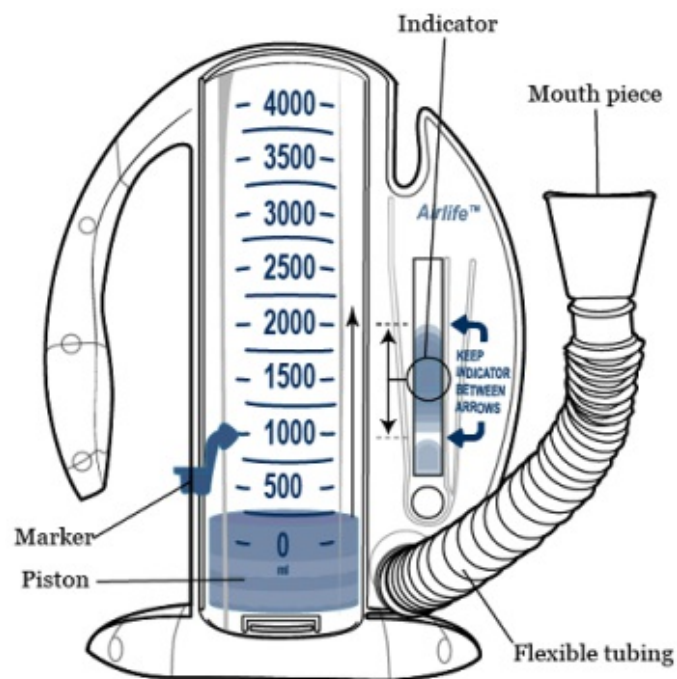


Figure 1. Parts of an incentive spirometer

It's important to use your incentive spirometer after your surgery. Using an incentive spirometer:

- Helps your lungs expand so you can take deep, full breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.

**If you have a respiratory infection, do not use your incentive spirometer around other people.** A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia (noo-MOH-nyuh) or COVID-19. This kind of infection can spread from person to person through the air.

## How to use your incentive spirometer

Here is a video that shows how to use your incentive spirometer:



Please visit [www.mskcc.org/pe/incentive\\_spirometer\\_video](http://www.mskcc.org/pe/incentive_spirometer_video) to watch this video.

## Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

## Knowing what number to aim for on your incentive spirometer

Your healthcare provider will teach you how to use your incentive spirometer before you leave the hospital. They will help you set a goal and tell you what number to aim for when using your spirometer. If a goal was not set for you, talk with your healthcare provider. Ask them what number you should aim for.

You can also check the package your incentive spirometer came in. It may have a chart to help you figure out what number to aim for. To learn more, read “What number I should aim for?” in the “Common questions about your

incentive spirometer” section.

## Using your incentive spirometer

When using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, your spirometer will not work right.

Follow these steps to use your incentive spirometer. Repeat these steps every hour you’re awake. Follow the instructions from your healthcare provider if they’re different from the ones here.

1. Sit upright in a chair or in bed. Hold your incentive spirometer at eye level.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Make sure you do not block the mouthpiece with your tongue.
3. With the mouthpiece in your mouth, breathe out (exhale) slowly and fully.
  - Some people may have trouble exhaling with the mouthpiece in their mouth. If you do, take the mouthpiece out of your mouth, and then exhale slowly and fully. After you exhale, put the mouthpiece back in your mouth and go on to step 4.
4. Breathe in (inhale) slowly through your mouth, as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.
5. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should float between the 2 arrows (see Figure 1).
  - The coaching indicator measures the speed of your breath. If it does not stay between the 2 arrows, you’re breathing in either too fast or too slow.
    - If the indicator rises above the higher arrow, you’re breathing in too fast. Try to breathe in slower.
    - If the indicator stays below the lower arrow, you’re breathing in too slow. Try to breathe in faster.

6. When you cannot breathe in any further, hold your breath for at least 3 to 5 seconds. Hold it for longer if you can. You will see the piston slowly fall to the bottom of the spirometer.
7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.
8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you're ready to start again.
9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.
10. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). **Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston reached. Put the marker there.** This is how high you should try to get the piston the next time you use your spirometer.
  - Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

**Take 10 breaths with your incentive spirometer every hour you're awake.**

Cover the mouthpiece of your incentive spirometer when you're not using it.

## **Tips for using your incentive spirometer**

Follow these tips when using your incentive spirometer:

- If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow firmly against your incision. This will keep your muscles from moving as much while you're using your incentive spirometer. It will also help ease pain at your incision.
- If you need to clear your lungs, you can try to cough a few times. As

you're coughing, hold a pillow against your incision, as needed.

- If you feel dizzy or lightheaded, take the mouthpiece out of your mouth. Then, take a few normal breaths. Stop and rest for a while, if needed. When you feel better, you can go back to using your incentive spirometer.
- You may find it hard to use your incentive spirometer at first. If you cannot make the piston rise to the number your healthcare provider set for you, it's OK. Reaching your goal takes time and practice. It's important to keep using your spirometer as you heal from surgery. The more you practice, the stronger your lungs will get.

## **Common questions about your incentive spirometer**

### **How often should I use my incentive spirometer?**

How often you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Most people can take 10 breaths with their spirometer every hour they're awake.

Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

### **How long after my surgery will I need to use my incentive spirometer?**

The length of time you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer. Follow their instructions.

## **How do I clean my incentive spirometer?**

An incentive spirometer is a disposable device and only meant to be used for a short time. Because of this, you may not find cleaning instructions in the package your spirometer came in. If you have questions about cleaning your spirometer, talk with your healthcare provider.

## **What do the numbers on my incentive spirometer measure?**

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).

For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you're able to inhale, and the better your lungs are working.

## **What number I should aim for?**

The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in may have a chart. You can use the chart to set your goal based on your age, height, and sex. If you cannot find this information, ask your healthcare provider what your goal should be.

## What does the coaching indicator on my incentive spirometer measure?

The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you're breathing in too fast. If the indicator stays below the lower arrow, it means you're breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

## When to call your healthcare provider

Call your healthcare provider if you have any of these when using your incentive spirometer:

- Feel dizzy or lightheaded.
- Pain in your lungs or chest.
- Severe (very bad) pain when you take deep breaths.
- Trouble breathing.
- Coughing up blood.
- Fluid or blood coming from your incision site when you cough.
- Trouble using your spirometer for any reason.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

How To Use Your Incentive Spirometer - Last updated on November 24, 2023

All rights owned and reserved by Memorial Sloan Kettering Cancer Center